



General Orientation Booklet

Students

in a **Clinical Facility**

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Introduction

Intermountain Health

- Intermountain is a premiere, not-for-profit healthcare system of doctors, hospitals and health insurance plans dedicated to providing high quality healthcare. Intermountain combines the financial, administrative and delivery aspects of healthcare into one integrated network that is nationally renowned for providing high-quality, low-cost care. Intermountain was created as a charitable, nonprofit, nondenominational system governed by community leaders who serve as volunteer, unpaid trustees.
- As part of a nonprofit system, Intermountain's facilities provide care to all those with a medical need, regardless of their ability to pay. Intermountain provides millions of dollars in charitable assistance to people who need healthcare but are not able to pay for it.
- Intermountain employees (also referred to as caregivers), volunteers, students and contingent workers are expected to exhibit behaviors consistent with company Mission, Vision, and Values.
- Students may call the Intermountain *Compliance Hotline* at 1-800-442-4845 if they feel Intermountain is not meeting their stated mission, vision, or values.

No Contractual Obligations or Employment Relationship

- This Orientation Booklet is provided for information purposes only. It does not, nor is it intended to, create a contract between the student and intermountain. Nothing in this Booklet changes or limits Intermountain's right to terminate a student's onsite educational experience at any time in its sole discretion.
- Student educational experiences and internships do not create an employment relationship with Intermountain. Students and interns are not Intermountain employees and are not entitled to employment benefits, compensation, or other employment benefits or rights.

Mission, Vision and Values

Our MISSION

Helping people live the healthiest lives possible.

Our VISION

Be a model health system by providing extraordinary care and superior service at an affordable cost.

Our VALUES

- **We are leaders in clinical excellence**, delivering safe, best-in-quality care.
- **We believe in what we do**, living our mission every day.
- **We serve with empathy**, caring for each caregiver, patient, and member with compassion and respect.
- **We are partners in health**, collaborating to keep people well.
- **We do the right thing**, learning and acting with purpose.
- **We are better together**, building community through teamwork and belonging.

Student Requirements

¹ Students must meet the following requirements prior to beginning their experience at Intermountain Health. Student placements are coordinated by an Intermountain facility-based Student Programs Coordinator or designee.

Education Affiliation Agreement

A student's educational institution must have a current contract with Intermountain Health. Contracts are verified through the Intermountain facility Student Programs office. Contracts are between Intermountain and a student's educational institution and do not create any third-party rights or benefits in the students of those institutions.

Accredited Educational Programs

Students must be from educational programs that are accredited by nationally recognized accrediting bodies.

Verification & Documentation

The educational program must have verification or documentation of the following items (see *Student Pre-requisite Testing Requirements* for details):

- 1) Criminal background check (if 18 years of age or older).
- 2) SAM 5 urine drug screen.
- 3) CDC required Immunizations / vaccinations for healthcare workers:

Note: If a student has a medical contraindication or religious tenant, which prohibits the student from obtaining an immunization they are required to mask pursuant to Intermountain's masking protocols.

Documentation must be signed by a physician or advance practice provider for a medical contraindication and filed with the student's school record. If an ongoing medical condition exists, documentation must be signed and verified annually.

Students who have a medical or religious exemption are not allowed to train at Primary Children's Hospital. Any exception must be reviewed with the hospital's epidemiology program chief.

Personal exemptions are not accepted.

Read the Student Orientation Booklet

This orientation booklet provides a list of responsibilities and performable skills allowed by students in Intermountain facilities. Students are subject to general rules, policies, and regulations of Intermountain.

Students will be provided department specific orientation independent of this booklet.

Complete the Student Compliance forms

Along with this booklet, students will receive a student forms packet (also available electronically through Intermountain's online *Student Portal*). The following items are provided in the packet or electronically:

- Student Profile
- Access and Confidentiality Agreement
- Confidentiality Guideline
- Intellectual Property Agreement (if indicated)
- Release of Liability (if applicable)
- Student Orientation Quiz or Checklist

¹ The term student is general and does not refer to the level of or type of student discipline.

All items must be completed through *Student Portal* or returned to the assigned Intermountain facility Student Programs Coordinator. Students cannot participate in an Intermountain onsite training program if these documents are incomplete.

Identification Badge

Once the orientation and compliance documents are completed the student can obtain an Intermountain student ID name badge. The Intermountain facility Student Programs Coordinator approves and coordinates student badging.

- The ID badge may be utilized in all Intermountain sites of service during a semester rotation. Annual badges are provided to a limited number of students depending on student type or facility design.
- The ID badge must be worn at all times when training at an Intermountain facility.
- With few exceptions, students are not provided with security access on their ID badges.
- At the end of the semester/year, the ID badge must be returned to the Student Programs Coordinator.

Campus Conditions

Parking

Students must follow facility specific parking guidelines. These guidelines ensure enough parking for all who need access to Intermountain facilities at any given time of the day.

- Students who do not comply with facility parking guidelines will be ticketed and fined accordingly.
- Facility specific parking requirements are found in the *Facility Information* booklet.

Tobacco Free

Intermountain Health maintains smoke and tobacco-free facilities in order to provide a healthy environment to patients and guests. Tobacco products include cigarettes, cigars, pipes, spit tobacco and any lighted or heated plant product intended for inhalation such as hookah, e-cigarettes or other electronic devices.

Roles & Responsibilities

Intermountain Facility Role / Responsibility

The Intermountain Facility will:

- Arrange and coordinate educational experiences with the assigned facility-designated Student Programs Coordinator.
- Orient the student to Intermountain's mission, philosophy, and general physical structure. Inform the student of facility rules, policies and regulations with which they are expected to comply.
- Support an Intermountain general orientation prior to the learning experience. Provide materials needed for appropriate orientation.
- Provide for the overall supervision of the student based upon program objectives (provided by the educational entity) and student needs within those objectives.
- Introduce the student appropriately to patients and ask permission for the student to participate in their care.
- Retain responsibility for patient care, recognizing that students will not replace Intermountain staff or give service to patients apart from its educational value.
- Retain the right to dismiss a student from the clinical rotation at any time at Intermountain's sole discretion.

Student Role / Responsibility

The student will:

- Wear an Intermountain student ID badge identifying their student status, school program/discipline, and name of school/institution.
- Adhere to general rules, policies, and regulations of the Intermountain facility.
- Act professionally and refrain from making comments, gestures, or acting in any manner which can be construed as harassment.
- Work within appropriate level of education, seeking direction and validation from the Intermountain supervisor/preceptor or his/her instructor. If the student is not able to competently perform the skills assigned, he/she must inform his/her supervisor/preceptor.
- Utilize the materials and/or orientations provided to become knowledgeable of facility safety procedures.
 - Know how to handle emergencies, hazardous materials contact, or disasters;
 - Know of and follow facility security, safety, and infection control procedures;
 - Be BLS certified if providing direct patient care.

Supervising Students in Patient Care Areas

Patient care is the responsibility of Intermountain Health. Student supervision is under the direction of the Intermountain patient care provider and assigned supervisor/preceptor.

- The Intermountain patient care provider or supervisor/preceptor will assess the student's competence level to ensure patient safety. Student assignments involving direct patient care activities are supervised.
- Patient care assignments should be in accordance with the student's syllabus. Students should not perform clinical skills which are not relevant to their course work.
- Students receive patient information as per unit protocol and abide by all patient privacy regulations.
- The student will **immediately** inform the patient care provider of significant changes in a patient's condition.
- The student respectfully supports the patient's rights and will inform the patient care provider immediately whenever a patient requests the student not participate in their care.
- Students will not give any medication (PO, IM, IV) or perform any invasive procedures unless the Intermountain patient care provider is providing direct supervision (physically standing next to student) and only in accordance with the student's syllabus.

Exception: In conjunction with school course description, nursing students in the final semester of their educational program may, with oversight of their supervisor/preceptor, administer medications independently after verifying the correct medication, dose, route, time, and patient.

See also *Guidelines for Nursing Students*, found on Intermountain's external student website for additional learning expectations.

- Students are expected to know and follow Intermountain policies and procedures in every situation. In high risk events such as EMTALA issues, situations requiring event reports, etc., the student may observe if appropriate to student learning, but must not interfere with the normal functioning of any identified team or process. If properly certified, students can participate in Basic Life Support if being monitored by clinical staff.

High School Student Opportunities

Supervision Expectations

At all times, students must follow policies and procedures of Intermountain Health, including direction provided by their assigned supervisor(s). Students will be provided with an appropriate supervisor(s) who is employed by, or contracted with, Intermountain and qualified to facilitate clinical educational experiences in its hospitals and clinics. Students must work within the appropriate level of education according to their assigned academic course of study.

Students cannot replace employees/caregivers or contracted healthcare providers or give service to patients apart from its educational value.

Vocational Internships (observation only)

High school students are allowed limited observation if enrolled in a qualified vocational program, such as Work Based Learning (WBL), requiring an introduction to a health science career. Supervised social contact is also allowed between the student and the patient when appropriate.

The following clinical departments are not offered to vocational / WBL high school students:

- Operating Rooms.
- Labor Rooms. Students are allowed on the nursing unit, but they cannot watch live deliveries.
- Nurseries, including well baby and NICU.
- Emergency Departments.
- Any location in which blood or body fluid splashes are likely or in which the spread of infection is a major concern as defined by the facility.
- Any location where an invasive procedure is performed as defined by the facility.
- Primary Children's Hospital (PCH does not offer educational experiences to high school students)

Clinical Rotations

High school students may participate in hands-on patient care if they are enrolled in a clinical program offered through their high school, or concurrent enrollment program, requiring clinical course work to complete a healthcare certification. These students are provided an opportunity within defined and controlled parameters.

Acceptable high school and concurrent enrollment courses requiring clinical rotations:

- Certified Nurse Assistant (CNA)
- Dental Assisting
- Emergency Medical Tech (EMT)
- Medical Assistant (MA)
- Pharmacy Tech
- Surgical Tech

Age appropriateness:

- Students who are 17 years of age can request clinical slots within the conditions defined above.
- Students who are 16 years of age must provide a written request and endorsement from their instructor / guidance counselor. Intermountain reserves the right to accept or deny any request.
- Students under the age of 16 will not be allowed a clinical rotation at any Intermountain clinical facility or site of service.

Placement is dependent upon:

- Availability of excess clinical internship or student educational slots, which are subject to shift variance and clinical location. Department managers will determine placement availability per semester (managers will work directly with the Student Programs Coordinator when allocating slots).
- Availability of a qualified supervisor/preceptor.
- Each Intermountain facility and/or department has the right to limit or deny clinical slots to high school students at its discretion.

Professional Image

Personal Identification

An Intermountain student name badge must be worn in a visible location on the upper torso area at all times while at work. ID badges are to be free of pins, stickers, or any other material that might interfere with the viability of the photo or the identification of the person wearing the badge.

Personal Appearance

Students may dress in a manner that is not offensive¹ yet reflects their own personal style while adhering to the guidelines outlined below. All students, regardless of the department they assigned, are to be dressed and groomed to a standard appropriate for a professional healthcare and business environment. Students working in Surgical Services are to comply with additional standards outlined in the Aseptic Technique Surgical Services Procedure.

- Students are expected to manage personal hygiene habits to ensure cleanliness and avoid offensive body odors.
- Strong perfume, cologne or lotions should not be used.
- Hair must be well-groomed and appropriately restrained so not to come in contact with others.
- Facial hair must be well-groomed. In clinical areas, facial hair must not interfere with the ability to properly perform job functions or required Personal Protective Equipment (PPE).
- Fingernails should be clean and maintained. Students in patient care areas, including those who handle food, medications, or laboratory specimens cannot wear artificial nails, nail wraps and nail jewelry. Gel and shellac nail polish is not allowed. Regular nail polish is permitted but must be chip free.
- Visible tattoos that are offensive¹ are strictly prohibited in the workplace and must be covered using a suitable method.

Jewelry

- Students should wear jewelry, gauges, or earrings that do not impair the ability to perform job functions, interfere with work, or pose a safety hazard to others.
- Jewelry and body piercing may not be offensive.
- Jewelry must not create a safety hazard or interfere with work assignments.

Attire

- Students must dress appropriately for their role, taking into consideration their interactions with patients, members, clients, and visitors.
- Casual dress should not conflict with the ability to perform the job or the professional image of the organization.
- Attire should meet set safety standards, including appropriate footwear to avoid slips, trips and falls.

Lost or Stolen Items

Intermountain Health is not responsible for personal items lost or stolen. Students are encouraged to lock up all personal items necessary to have on site during their educational experience.

¹Offensive: sexually explicit; contains profanity; are sexist, racist, or otherwise deemed harassing in nature; by word or picture depict gangs, drugs/alcohol, or violence.

Patient Rights & Responsibilities

Intermountain Health outlines the rights afforded to each person who is a patient in our facilities. This *Patient Rights and Responsibilities* document discloses Intermountain's commitment to an environment of trust where patients can feel comfortable and confident with the care they receive.

The *Patient's Rights Policy* has been adopted to promote quality care with satisfaction for the patient, the family, the physician, and the staff, regardless of age race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. *Patient Rights and Responsibilities* signs are posted in English and in Spanish throughout Intermountain facilities.

Some areas within Intermountain have slightly modified versions of the rights and responsibilities that are more specific to their patients, residents, or members. Questions regarding these modified versions may be directed to the department director or the facility compliance coordinator.

Students are responsible to locate the *Patient Rights and Responsibilities* sign posted in the Intermountain facility they are assigned and assist with Intermountain's commitment to patient rights.

Cultural Diversity, Equity & Inclusion

Culture is the values, beliefs and practices shared by a group of people. Intermountain is committed to being respectful and sensitive to others' belief systems. Intermountain values diversity (welcoming people of many different cultures), equity (not just giving everyone the same thing, but giving them **what they need** to reach an intended outcome), and inclusion (making sure that **all** people are seen, valued, listened to, and respected).

Cultural Competency

Students should try to acquire basic knowledge of the patient's and family member's cultural values, beliefs and practices:

- Ask questions
- Listen
- Account for language issues
- Be aware of communication styles

Be sensitive to personal health beliefs and practices

Students should ask their supervisor/preceptor to help with the following questions:

- How does the patient stay healthy?
 - Special foods, drinks, objects, or clothes
 - Avoidance of certain foods, people, or places
 - Customary rituals or people used to treat the illness
- What are the expectations for medicine usage?
 - Past experiences with medicine usage
 - Will the patient take medicine even when he/she doesn't feel sick?
 - Is the patient taking other medicines or anything else to help them feel well?
- Family and community relationships:
 - Are illnesses treated at home or by a community member?
 - Who in the family makes decisions about healthcare?
- Language barriers:
 - Can the patient understand limited English?

- What, if any, is the patient's literacy level in English?
- If necessary, use visual aids and demonstrate procedures.
- Check understanding. When there's a cultural difference, it's especially important to check and make sure you have communicated clearly.
- Is an interpreter necessary? If yes, follow Intermountain guidelines by using a trained medical interpreter. Avoid using family members.
- Body language. Is there cultural significance for:
 - Eye contact
 - Touching
 - Personal space
 - Privacy / modesty
- Religious / Spiritual beliefs. Are there sensitivities / beliefs associated with:
 - Birth and/or death
 - Certain treatments, blood products
 - Prayer, medication, and worship
 - Food preparation, clothing, special objects, and gender practices
- Other cultural factors to consider:
 - Gender
 - Wealth or social status
 - Presence of a disability
 - Sexual orientation

Environmental Safety

Safety is Everyone's Concern

Students should call Security when they:

- See any criminal activity
- See any suspicious circumstances
- Need to access lost and found items
- Need to report visitor accidents or visitor needs
- Need escort or vehicle assistance

Security can be reached by dialing extension 33333 on any Intermountain phone.

Emergency Code Response

Students should be able to recognize an emergency situation and respond appropriately.

The emergency codes listed below are standard for all Intermountain facilities. They can be heard throughout the facility (overhead paging system) as needed in the emergency identified.

- Code **RED**: Fire
- Code **BLUE**: Cardiac Emergency
- Code **GREEN**: Aggressive Behavior
- Code **PINK**: Abduction
- Code **YELLOW**: Bomb Threat
- Code **DISASTER**: Implement Disaster Plan

- Code **ZULU**: Helicopter Crash (on hospital campus)
- **Active Shooter**: Person actively firing or displaying a weapon with the intent to use (location identified)

Active Shooter

An active shooter is defined as an individual who is brandishing (displaying in a threatening manner) a firearm or is actively engaged in using the firearm to kill or injure people in the hospital, clinic, or grounds. This also includes the use of an edged weapon such as a knife. When an active shooter is within the facility, Intermountain employees will make rapid decisions and take immediate steps to reduce or eliminate further injuries or death.

An employee will activate the alarm process by calling 33333 and 911 or by pressing the round button on their VOCERA and stating: *Call Active Shooter*. The employee will give the logistics and specifics of the incident.

Hospital operators will announce overhead *Active Shooter* and give the location. Employees will implement the Run-Hide-Fight Plan. Students should participate and assist if they are able to do so safely and as instructed.

Run-Hide-Fight Plan

- **Run- get away!** If possible, quickly exit the area and the building to a safe location. Take the closest safe exit route. Do not worry about personal belongings. If patients are ambulatory or in wheelchairs, Intermountain employees will encourage them, along with guests and students, to accompany them. Do not stay behind if they refuse to come.
- **Hide- lock or barricade!** If possible, to do so safely and if instructed, students can help employees relocate guests, patients, and other staff members behind closed doors. Lock or barricade doors using any means possible. Turn off the lights, computer screens and silence cell phones. Hide behind a thick wall, furniture or other items and remain quiet. Lay down on the floor if possible. Do not come out until told to do so by the police or after the *all clear* is given.
- **Fight- be quick, be forceful, be aggressive!** This is the very last option and last resort. Where possible, gather a group and plan an attack together. Improvise a weapon from means possible. Confront the shooter and take an aggressive attitude, use violent force of action. Fight for your life, do not give up.

If confronted by law enforcement, participants in the event should ALWAYS keep hands visible, empty and fingers spread. Follow police instructions immediately without question. Police will be concerned about locating and eliminating the shooter before any attention is given to victim injuries.

Fire Prevention and Response

Students can apply simple safety measures that will help prevent fires:

- Properly store and dispose of combustible materials.
- Comply with electrical equipment policies.
- Report any defective wiring (frayed cords, brown fuses, etc.)
- Enforce Intermountain's non-smoking policy.
- Find out when and who should turn off medical gas valves.
- Learn the department evacuation plan.
- Maintain clear and unobstructed hallways, doorways, and aisles.

Intermountain hospitals are designed to contain a fire behind closed doors for a period of time. Closed fire doors allow areas of the facility away from the fire to remain functional. Do not block or prop doors open in any way.

Code RED

Code Red is the term used for a possible or actual fire. "Code Red" and the location of the fire will be announced (overhead paging system). Alarms and strobe lights are used to identify the scope of the fire emergency. Fire drills will be announced as a "Code Red Drill".

Strobes	Alarm	Meaning	How to Respond
✓	✓	The fire is in <i>YOUR</i> area!	Follow the department/facility fire response plan. Enact RACER as appropriate.
✓		There is a fire somewhere in the building, but not in your exact location.	Follow department/facility fire response plan.

RACER

R – Rescue

Rescue anyone (including patients, visitors, employees, and yourself) in immediate danger from flames or smoke.

NOTE: Many patients are connected to oxygen tanks and monitoring equipment. These items need to be moved with the patient whenever possible.

A – Alarm

Activate the nearest fire alarm pull box and call your facility emergency number or 911. Take the time before a fire emergency to locate the fire alarm pull boxes in immediate work area.

C – Contain

Keep the smoke and fire from spreading to other locations within the facility by closing any open doors or windows. If the fire is in a patient's room, turn off the oxygen flow meter and remove it from the wall.

E – Extinguish

R – Relocate

Take time before an emergency to locate the fire extinguishers in the area. If a fire is small and manageable, use the nearest fire extinguisher. Follow the steps in *PASS* to help you properly extinguish a fire.

P Pull the pin

A Aim the nozzle

S Squeeze the handle

S Sweep at the base of the fire

Follow the facility's evacuation procedure and move everyone to a safe location. Use an evacuation route that leads way from the fire. Do not use elevators!

Abduction (Code Pink)

Student participation in an active abduction is under the direction of their supervisor/preceptor.

If a person, infant or child is missing, initiate the following:

- Dial 33333 immediately to report the event. Provide the following information:
 - Description of the missing person (child, adult, etc.)
 - Description of any suspects
 - Location or site of the disappearance
- The operator will promptly announce CODE PINK (overhead paging system)

When a CODE PINK is announced overhead, initiate the following:

- Move quickly to closet exit to prevent access. This includes external exits as well as elevators stairwells
- Instruct everyone to stay in the area until the CODE PINK has been cleared
- Assess the area, paying special attention to closets, offices, restrooms, stairwell, etc.
- Do not allow any unattended child to leave the area until the CODE PINK has been cleared

In the case of a missing infant or child, initiate the following:

- Stop and question any person with an infant or child, including those with a pink ID badge or who appears to be an employee
- Stop and question any person who possesses anything that could hold an infant or child and search the item (i.e., purse, bag, package, stroller, overcoat, etc.)
- Do not physically restrain anyone who becomes uncooperative. Shadow an uncooperative or suspicious person at a safe distance and call 33333 to report the suspect's appearance, clothing and direction of travel.

NOTE: Administration or Security will be responsible for actual or delegated notification of police and the facility communications department.

TotGuard Security System at Primary Children's Hospital

TotGuard is an infant/child security system designated to protect PCH patients.

A Clinical Caregiver will place a TotGuard tag on the patient

- Pediatric Patient Tag (PPT)
 - Flight, abduction risk or Behavioral Health
 - Sets off alarm at all facility perimeter exits and when tag/band is cut.

Discharging a patient with a TotGuard tag

- PTT tags must be assigned prior to removal to avoid alarm.
- Student's may perform the following under the direct supervision of their supervisor/preceptor:
 - Remove a tag. Tags must be returned to the nursing station/desk.
 - Discharge a patient. The unit HUC or charge nurse must be notified to discharge the patient in the TotGuard system.

NOTE: The supervisor/preceptor must have a pink badge to transport or discharge patients. A pink badge indicates the supervisor/preceptor has been properly trained in pediatric patient transport.

EMTALA

The *Emergency Medical Treatment and Labor Act* is a federal law that requires hospitals to treat all people who request emergency care.

Intermountain's Responsibility

Students should not act independent of their assigned Intermountain supervisor/preceptor.

- Provide assistance to all people (adults and children) needing emergency care.
- If help is required to transport the person, call the hospital operator. State the problem and the location. Request Security to help transport the patient.
- Initiate a *Code Blue*, if appropriate.
- Never direct a person seeking emergency care to go to another hospital or facility if a patient requiring treatment for an emergency medical condition refuses to stay at the hospital.
- The hospital cannot force an individual to receive treatment.
 - If the individual insists on leaving or going elsewhere for treatment, it is important to give them information regarding the possible risk and benefits involved in staying or leaving
 - It is **vital** to document the individual's refusal of treatment.

Student Health

Infection Prevention and Control

The purpose of an infection prevention and control program is to prevent the transmission of infections within a healthcare facility. Students can protect themselves and patients by adhering to basic infection prevention and control principles. Standard precaution procedures should be used routinely when caring for patients, regardless of their diagnosis.

Standard Precautions

Standard Precautions is the name of the isolation system used within Intermountain Health, and is used for every patient, regardless of diagnosis. The aim is to minimize the risk of exposure to blood or body fluids. To accomplish this, personal protective equipment (PPE) (i.e., gloves, gowns, masks, and goggles) is used for potential contact with body fluids from any patient.

Standard Precautions include these principles:

- **Hand Hygiene:** Wash hands with soap and water or sanitize with an alcohol-based hand rub before and after each patient contact, and after removing gloves. See *Hand Hygiene Policy*.
- **Gloves:** Use when touching any body fluids or non-intact skin.
- **Gowns:** Wear if splashing or splattering of clothing is likely.
- **Masks and goggles:** Wear if aerosolization or splattering is likely.
- **Needles:** Activate sharps safety devices if applicable, then discard uncapped needle/syringe and other sharps in containers provided for this purpose. Use safety products provided.
- **Patient Specimens:** Consider all specimens, including blood, as biohazardous.
- **Blood Spills:** Clean up with disposable materials (i.e., paper towels or spill kit), clean and disinfect the area. Notify Housekeeping for thorough cleaning.

Droplet Precautions

Droplet Precautions are used when patients have a disease process that is spread by contact with respiratory secretions. These include: Respiratory infections (RSV, Human Metapneumovirus, Parainfluenza, Influenza), *Neisseria meningitidis* (meningitis or sepsis), Invasive *Haemophilus Influenza* type B (meningitis, sepsis, epiglottitis), Diphtheria, Pneumonic Plague, Mumps, Parvovirus B19, Rubella.

Droplet Precautions include:

- **Private Room:** One patient per room, or patients with similar diagnosis. The patient is confined to the room until directed by Infection Prevention and Control.
- **Mask and Gloves:** Worn by all hospital personnel upon entering the room.
- **Gown:** To be worn if there is a possibility of contact with bodily fluids.
- **Hand Hygiene:** Wash or sanitize hands upon entering patient room, removing gloves, and when leaving the patient room.

Contact Isolation

Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids. These include: Diarrhea (Rotavirus, *Clostridium difficile*, *E. Coli* 0157:H7, Shigella, Salmonella, Hepatitis A, *Campylobacter*, *Yersinia*.), open draining wounds, infection, or colonization with multi-drug resistant organisms (MDROs)

Contact Precautions include:

- Private room: Private room or rooms with a patient who has a similar diagnosis. Patients who are un-diapered and incontinent of stool should be confined to the room.
- Gloves: All hospital personnel wear gloves when entering the room.
- Gown: To be worn if clothing will have contact with patient or objects in the room.
- Hand Hygiene: Wash or sanitize your hands upon entering a patient room, removing gloves, and when leaving the patient room.
- NOTE: For patients with Clostridium Difficile (C-Diff), do not use hand sanitizer or other products which contain alcohol. Use soap and water only.

Airborne Precautions

Airborne precautions are used when the infection is spread through the air. Examples of diseases requiring airborne precautions are:

- TB (tuberculosis)
- Measles
- Chickenpox

Precautions include:

- Patients are placed in a private negative pressure room. Keep the door closed except to enter and exit.
- Wear an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room. **Students will not be assigned these patients.**
- Use proper hand hygiene. Wash or sanitize hands upon entering a patient room, removing gloves, and when leaving the patient's room.

Other Infection Prevention and Control Concerns

Artificial Nails Policy

- Students in patient care areas, including those who handle food, medications, or laboratory specimens cannot wear artificial nails, wraps and nail jewelry. Gel and shellac nail polish is not allowed. Regular nail polish is permitted but must be chip free.
- Students working in surgical areas are prohibited from wearing artificial nails, wraps, nail jewelry and any type of fingernail polish.

Sharps Containers

- All sharps should be placed in a *sharps container* after use. These containers are placed throughout clinical departments. Containers should be changed before full (pay attention to the "fill line" on container).

Waste

- Red bags are used for bio-hazardous waste and must be used if blood or other body fluids can be squeezed or crushed out of the container.
- Yellow bags are used for hazardous drugs. Drugs are classified as hazardous if studies in animals or humans indicate that exposures to them have a potential for causing cancer, developmental or reproductive toxicity, or harm to organs. Students who have not been trained and authorized should not handle hazardous drugs or anything containing a hazardous drug due to the potential for surface contamination. If hazardous drug waste (yellow bag) is found in an unsecured area, notify your Intermountain supervisor/preceptor and facility chemical safety officer immediately.
- Black disposal containers are used to dispose of EPA / RCRA regulated pharmaceuticals and bulk hazardous drugs.

Linen

- All soiled linen is considered contaminated and should NOT be carried so that it touches the body or clothing of the person transporting it. Wet linen must be wrapped with dry linen or placed in a plastic bag before putting it into linen bag to prevent seep-through. If the linen bag is leak proof, no special handling of wet linens is necessary.

Student Injury / Illness Reporting

Students must immediately report all injuries or illnesses to a school instructor, department manager or the assigned supervisor/preceptor. If a life-threatening or serious injury occurs, report to the facility Emergency Department (“ED”) for initial treatment. Medical intervention of accidents such as a needle stick or body fluid exposure should be done immediately for optimal results. ED will assess injuries and determine the risk level, treatment options, and medical services required. The student and/or their school are responsible for follow-up care and to pay for services provided.

Hazardous Materials

Students are expected to fully comply with all of the following standards regarding hazardous materials.

Hazardous Materials

Students should know the materials, within their work area, which are considered hazardous. If there is a spill of any of these materials, the student should contact the MSDS hotline. The MSDS phone number for all Intermountain facilities is: 1-800-451-8346.

“Sharps” protective devices

Use protective devices at all times to prevent needle sticks

“Sharps” disposal containers

Immediately dispose of all sharp objects in the “sharps” disposal containers.

Personal Protective Equipment (PPE)

Wear personal protective equipment when there is potential for handling or coming in contact with bodily secretions or fluids. PPE should be located in areas where such exposures are likely to occur.

Students can ask questions or request additional information from their Intermountain supervisor/preceptor.

Patient Masking if Required to Mitigate Exposure

- If a patient can put on and take off his or her mask, they should place the mask on when there are others present in the room. This will decrease the chance of exposure for everyone and contain their droplets when they cough, and others are present. Patients should be encouraged to wear the mask at all times, but there may be times when a patient is unable to do this (e.g., while eating, or when he or she is short of breath). Clinical caregivers experienced in respiratory evaluation can help with this decision if needed. See Intermountain’s *Standard Precautions Guideline*

Corporate Compliance

Compliance with Applicable Laws

Intermountain Health is committed to complying with applicable federal, state, and local laws, rules, and regulations. Students should ensure that all of their activity while participating in an educational experience is in compliance with applicable laws.

High Ethical Standards

Intermountain expects students to maintain high ethical standards during their educational experiences at Intermountain. Students must commit to the following core principles:

- We perform our tasks with honesty and integrity
- We know and abide by all laws, and we know and understand the details of the policies and procedures that apply
- We speak up with concerns about compliance and ethics issues
- We report observed and suspected violations of laws or policies. We agree to report any requests to do things that we believe may be violations
- We cooperate with any investigations of potential violations

Reporting Requirements

Students should report any and all suspected compliance violations. There are three options for reporting suspected violations, asking questions, or discussing compliance concerns. These are:

- The department manager or director
- Facility compliance officer
- The Intermountain Health Compliance Hotline (800-442-4845)

Privacy & Security of Health Information

Certain laws and regulations require that practitioners and health plans maintain the privacy of health information. In general, privacy is about who has the right to access personally identifiable health information. Privacy regulations, such as the *Health Insurance Portability and Accountability Act* (HIPAA) cover all individually identifiable health information in the hands of practitioners, providers, health plans, and healthcare clearinghouses.

Intermountain facilities take privacy regulations very seriously. HIPAA impacts students in the following ways:

- Patient records may not be photocopied or printed from a computer terminal for personal use (i.e. writing care plans or other papers).
- Students must not release any patient information independently. Any request for patient information should be directed to the student's Intermountain supervisor/preceptor.
- Violations of HIPAA may result in termination of the student experience.

Identifiable Information

The following is considered identifiable information by HIPAA and must not be accessed or shared for any purpose other than patient care.

- Names or initials
- All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code
- All elements of dates relative to an individual, including birth date, admission date, discharge date, date of death, and all ages over 89
- Telephone numbers

- Fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical record numbers (including EMPI or EMMI)
- Health plans beneficiary number
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code, derived from the information listed

Do not use any of the above elements when writing reports or making presentations. De-identified patient information is still considered confidential and may not be disclosed without Intermountain's permission.

Other Protected Information

While this section primarily addresses the requirements of the *HIPAA Privacy Rule*, additional protections and requirements may apply to certain types of sensitive information, such as substance abuse records, genetic test results, Social Security numbers and credit card numbers. If a student assignment includes accessing or disclosing these types of information, ask your supervisor/preceptor for relevant policies and procedures.

Additional steps to protect a patient's privacy

- Close room doors when discussing treatments and administering procedures.
- Close curtains and speak softly in semi-privacy rooms when discussing treatment and performing procedures.
- Avoid discussions about patients in public areas such as hallways, the cafeteria/cafe, waiting rooms, restrooms, and elevators.
- Do not discuss patients with family or friends.
- Do not leave patient charts, schedules, or computer screens containing patient information in plain view.
- Do not allow visitors or patients in staff areas, dictation rooms, chart storage areas, etc.
- Do not hold telephone conversations or conduct dictation in areas where confidential patient information can be overheard.
- Call out the patient's name only in waiting rooms, not their diagnosis or procedure.
- If you receive an Intermountain computer systems access code or password, do not share it with anyone. Take precautions to prevent others from learning your access code and password.
- Do not access systems you are not authorized to access. Access only information needed to do your assigned rotation.
- Before discarding any patient-identifiable information, make sure it is properly shredded or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan.
- Email communication involving patient information is not permitted as a means for student learning. (Refer to Intermountain's: *Protected Health Information Email procedure*)
- Do not use cell phones or other electronic devices to take or send photographic images and audio/video recordings of patients and/or medical information.
- If a patient asks, you may take a picture of the patient using the patient's personal device only. Do not take a picture of a medical procedure or one of a sensitive/personal nature.

Intermountain Social Media and Visual Image/Audio Recording Policy Provisions

Social Media defined as: Digital media based on social interactions, in which messages are primarily disseminated and received among users on a peer-to-peer basis. Examples include, but are not limited to, personal blogs and other websites and applications, including but not limited to Facebook, LinkedIn, Twitter, YouTube, Reddit, Metaverse, Instagram, etc.

Visual Image/Audio Recording (Images/Recordings) defined as: Photographs, videos, video streaming, digital or similar types of images and sound recordings.

- Workforce members (including students) while on Intermountain Health property are not to use cell phones or other electronic devices to take or send photographic images or audio/video recordings of work areas, patients and/or medical information.
- Workforce members (including students) while on Intermountain Health property are not to publish or post medical information, photo images or audio/video recordings on web sites or blogs, such as *Instagram, TikTok* or *Facebook* or other social media sites etc. This includes de-identified and individually identifiable information. However, students may take a picture of themselves with an Intermountain Health sign along a public sidewalk with the hospital in the background, but cannot include other individuals in the photo. These can be shared on social media.
- Workforce members (including students) are not to publish or post on social media, in a blog, chat room or any other online forum Images/Recordings of employees, patients, visitors, members, or facilities unless the posting is approved through Intermountain Public Relations/Communications and is done in compliance with the HIPAA Privacy Rule and State Law. Always assume that anything posted on social media can be viewed by a fellow student, colleague, supervisor, partner, supplier, competitor, board member, patient, or potential patient. Workforce members (including students) are personally responsible for their posts on social media platforms.
- Workforce members (including students) shall not present themselves as official spokespersons representing Intermountain Health, either explicitly or otherwise. Any information released to the media that represents Intermountain Health must be coordinated through the Intermountain Health Marketing and Communications Department.
- Workforce members (including students) who violate this policy are subject to corrective action and will be asked to sign an attestation that any Images/Recordings they have created at Intermountain have been destroyed.
- Workforce members (including students) are prohibited from taking photos (identifiable or not) of patients or their data not explicitly permitted by Intermountain.
- Workforce members (including students) who choose to identify their affiliation with Intermountain Health, their social media activities should be consistent with Intermountain Health policies and the Intermountain Health Code of Conduct.

Accounting for Disclosures

Students must not release any patient information independently. Any request for patient information by the student should be directed to their Intermountain supervisor/preceptor.

Student Access to Medical Record after Patient Discharge

Students needing access to patient information post discharge must provide a written request approved by their supervisor/preceptor to the facility Health Information Management (HIM) department. The request should include patient name at a minimum with encounter number and discharge date if possible. Every effort will be made to provide access to the medical record as soon as possible. Students are not allowed to have copies of the medical record.

Information Privacy and Security Incidents

If a situation arises where patient health information has been shared with the wrong person, or the privacy and/or security of patient health information has been compromised in any way and regardless of whether it was intentional or accidental, immediately report the situation to your supervisor/preceptor or call the Intermountain Compliance Hotline (1-800-442-4845).

Quality Assessment Performance Improvement

Intermountain Health is committed to providing quality care and strives to meet customer needs through using a quality assessment performance improvement (QAPI) approach. The QAPI I model used is: Plan, Do, Study, and Act. (PDSA). This model is used to answer the question: What changes can we make that will result in improvement?

Plan

The planning part requires that Intermountain:

- Defines quality. Intermountain defines quality as: meeting or exceeding the customer's expectations 100% of the time. Quality delights the customer.
- Develop and share Intermountain Health goals.
- Develop department and individual improvement goals.
- Identify processes, related to the goals that can be improved and lead to better quality care.
- Identify customers.

Do

Do is the action part of the process; collecting and analyzing data or meeting with involved parties.

Study

Study means to analyze data for process improvement. Some focus areas of improvement are:

- Clinical Outcomes
- Cost
- Access to Care
- Satisfaction
- Community Service
- Regular Satisfaction Surveys
- Monitoring & correcting quality control issues
- Response to fire drills
- Storing things safely
- Using equipment safely
- Refrigerator temperatures
- Crash cart checks
- Protecting medication

Act

Intermountain Health believes that teamwork is the best way to improve processes. A team consists of a small number of people with complementary skills who are committed to a common purpose. Each team member holds him/herself accountable for the team's success. Teams test new ideas and continue to improve quality.

In a QAPI culture, 80-90% of a one's time is spent in day-to-day tasks. The remaining 10-20% of the time should be spent improving the quality of one's performance.

This may involve the following:

- Being on an improvement team
- Collecting measurement data
- Doing quality control monitoring
- Identifying job improvements
- Identifying customers' expectations
- Learning about quality improvement

Poor quality costs the organization money. However, each person can make a difference. Students are responsible to look for ways to improve daily work processes, customer satisfaction, and quality outcomes.

Continuous Improvement: Zero Harm

At Intermountain Health, we are known for our commitment to evidence-based care and safety. Our endeavor to ensure that every patient is safe in our care is called Continuous Improvement – Zero Harm. Zero Harm helps us improve patient/employee/student safety by consistently applying best practices across the system. These best practices are based on the science of high reliability and have been demonstrated to improve safety in other high-risk industries like nuclear power, aviation, and the military.

High Reliability

Put simply, reliability is the likelihood that an individual, system, or team will work the way it's expected to over time. You can also think of reliability as excellent performance minus the error rate. Intermountain Health, like other high reliability organizations, is working hard to reduce errors in order to become even more reliable.

To gauge our success, Intermountain Health focuses on data and metrics. This is how high reliability organizations determine their level of reliability. We track clinical and operational performance data over time, so that we have a better idea of how to get to the goal of Zero Harm. We want to avoid any events that can cause harm.

Serious Safety Events

Serious Safety Events occur when an individual or team in a *high-risk situation* or environment practices a *high-risk behavior*. Examples of high-risk situations include complex environments, distractions, and high workloads. Examples of high-risk behaviors include bypassing safety devices or recommendations, taking shortcuts and proceeding in the face of uncertainty. You can't always control the environment that you're in, but you *can* control your behavior.

Serious Safety Events are usually not the result of just a single person's error. They almost always happen because of multiple personnel and system failures. Intermountain Health has redundant safeguards built into systems and processes that should, ideally, stop an error from reaching a patient. But sometimes all of those barriers are breached.

Getting to Zero Harm

At Intermountain Health, we combine both tactical and cultural approaches to achieve our goal of Zero Harm. The tactical approach applies Intermountain's evidence-based tools like checklists, toolkits and bundles to provide the best and safest care to patients while reducing employee or student injury.

The cultural approach focuses on the people in all areas of our organization. It is the combination of psychological safety, mutual respect, behavioral expectations, communication skills, and encouragement to speak up to prevent safety events.

Psychological Safety and Mutual Respect

Psychological safety is essential for achieving and maintaining a culture of Zero Harm. It's the belief that no one will be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes. It's a positive attitude towards reporting events that helps us identify and mitigate issues as soon as possible.

When a person feels psychologically unsafe, they are reluctant to admit that they made a mistake. They see mistakes as shameful or a sign of incompetence. This leads to inaccurate or less frequent reporting. It means the culture is not transparent or truly open to finding and fixing problems. Remember, we are humans first and experts second. The following behaviors and attitudes encourage a psychologically safe environment:

- Frame problems or mistakes as learning opportunities
- Recognize and admit your own fallibility
- Model curiosity and ask lots of questions
- Show appreciation to others for asking questions

Behavioral Expectations

Another cultural strategy is the behavioral expectation of safety, including the following Zero Harm commitments to safety:

- “I speak up for safety”
- “I have respectful, timely, and accurate verbal and written communication”
- “I ‘think it through’ and ensure that my actions are the best.”
- “I focus on the task at hand to avoid unintentional slips or lapses.”

Error Prevention Techniques

In order to follow through on our safety commitments, six specific tools have been implemented as “Error Prevention Techniques”. They support effective communication, awareness, and further promote a psychologically safe environment. These techniques are helpful in any situation, especially high-risk work environments. You will see Intermountain employees demonstrate these techniques in day-to-day interactions. A brief summary of each Error Prevention Techniques is included below.

- **ARCC**
Using the lightest touch possible, **A**sk a question, Make a **R**equ^est, Voice a **C**oncern. If no success, use the **C**hain of Command
- **Standardized Handoffs**
Use current tools when transferring information, authority, and responsibility during patient care transitions or project transitions. Handoffs should take place prior to transfer of care and/or responsibility. During the handoff process, it is helpful to include:
 - Patient or Project: Who/what is to be handed off?
 - Plan or Procedure: What happens next?
 - Purpose of the Plan: What happened in the past that helps provide a reason for the plan?
 - Problems: What is known to be different, unusual, or complicated about this patient or project?
 - Precautions or Potential Pitfalls: What might be anticipated to be different, unusual, or complicated about this patient or project?
- **SBAR**
When communicating issues or concerns requiring some else to take action or make a decision, introduce yourself and who is involved. Then provide the **S**ituation, **B**ackground, your **A**ssessment and your **R**ecommendation.
- **Read and Repeat-Back**
Verbally acknowledge others by reading or repeating back information received. Ask one or two clarifying questions if necessary. The sender acknowledges the accuracy of the repeat back.
- **Stop and Resolve**
Do not proceed in the face of uncertainty. Do not ignore safety concerns. Resolve the concern.
- **STAR**
Check yourself and pay attention to detail when performing tasks. Avoid unintentional slips and lapses using these mental steps: **S**top; **T**hink; **A**ct; **R**eview.

Talk with your supervisor/preceptor and visit the Zero Harm website. Here you will learn more about Zero Harm and the Error Prevention techniques and how they can best promote safety in your area.

National Patient Safety Goals

Intermountain Health hospitals follow *National Patient Safety Goals* established by *The Joint Commission* to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify Patients Correctly

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to ensure each patient receives the correct medicine and treatment.
- Ensure the correct patient receives the proper blood during a transfusion.
 - Two-person double check: one individual must be a licensed healthcare provider transfusing the blood/blood product and the second individual must be a trained staff member.
 - One-person verification can be done using barcode technology.

Improve Communication

- All critical test results must be reported to the patient's physician.

Use Medications Safely

- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Separate look-alike and sound-alike medications.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicine to take when they go home. Tell the patient it is important to bring their current list of medicines every time they visit a doctor.

Use Alarms Safely

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
 - When an audible or electronic clinical alarm is activated, the nearest available clinical staff responds promptly to the patient's bedside and assesses the patient's needs.

Prevent Infection

- Use hand cleaning guidelines established by the *Centers for Disease Control and Prevention* or the *World of Health Organization*. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- Use proven guidelines to prevent infections which are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract caused by catheters.

Identify Patient Safety Risks

- Determine which patients are most likely to try to commit suicide.
 - Implement appropriate prevention strategies and CPG suicide precautions protocol based on patient risk using the suicide high risk checklist.

Prevent Mistakes in Surgery

- Conduct a pre-procedure verification process using a checklist.
- Ensure the correct surgery is done on the correct patient and at the correct place on the patient's body.

- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to ensure a mistake is not being made.
 - Perform an interactive "time out" involving members of the procedural/surgical team immediately prior to starting an invasive procedure or making an incision.
 - The "time out" should be led by the licensed healthcare provider performing the procedure.
 - Document the "time out" using the checklist.

Reduce the risk of patient harm resulting from falls

- Evaluate patient assistance level and use safe patient handling equipment and lifts to assist in moving patients.
- Educate patients and families about fall prevention strategies in both the inpatient and outpatient areas.
- Intermountain has created "Falls Risk" magnets should be placed on the door frames of patients at risk for falls.

Pressure Ulcer Prevention

- Evaluate risks for ulcers.

Reduce the risk for an ulcer by:

- Using standardized care products;
- Turning the patient at least every 2 hours;
- Keeping the skin clean and dry;
- Reassessing the patients' skin each shift.

Event Reports / Incident Reports

An incident is any event that is not consistent with the normal, routine operation of a department, which may result in or have potential for injury and/or property damage. If a student becomes aware of such an incident, he or she should report it to an Intermountain supervisor/preceptor immediately.

Examples of Reportable Incidents

The following are examples of events that should be reported to an Intermountain supervisor/preceptor. This list is not exhaustive, and students should report any event that they feel is not consistent with the normal, routine operation of a department, or which may have the potential for injury and/or property damage.

- Breach of department policy, patient injury, delays dealing with anesthesia/surgery/delivery
- Behavioral actions and attitudes dealing with AWOL, AMA, violent/agitated behavior or communication problems
- Patient care management problems dealing with consents or patient misidentification
- Complications of diagnosis and/or treatment, delays, or omissions of diagnostic tests/procedures
- Falls of patients and/or visitors
- Missing or damaged property should be reported to Security
- Medication errors as in, incorrect dose/ patient/ medication/ time/route. IV related and pharmacy related errors
- Incidents occurring when using equipment as in equipment failure, user error, etc.
- Thefts, vandalism or other criminal activity should be reported to Security
- "Near Misses" are events that could have caused serious damage to the patient or staff but were discovered and averted prior to reaching the patient.

Sentinel Event

Sentinel events, as defined by The Joint Commission, require immediate notification of Risk Management. A sentinel event, in most cases, is an event that results in unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition.

Additional sentinel event categories include:

- Suicide of a patient
- Infant discharge to the wrong family
- Abduction of a patient of any age
- Rape
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Surgery on the wrong patient or wrong body part
- Wrong surgical procedure performed
- Unintended retained foreign object
- Neonatal hyperbilirubinemia
- Prolonged fluoroscopy or radiation therapy to the wrong body part

Violence in the Workplace

Workplace² violence is conduct which is sufficiently severe, offensive, intimidating, or disruptive to cause an individual to reasonably fear for his/her personal safety or the safety of his/her family, friends, or property. Intermountain has a number of measures in place to help keep students and patients safe from workplace violence (e.g., emergency phones in parking lots, reinforce visitation policy, etc.).

Students can assist by learning:

- To recognize the warning signs.
- How to respond appropriately.
- What to do to prevent workplace violence.
- How to report offenders.

Recognizing the Warning Signs

Workplace violence and its warning signs can take many forms.

- Emotional: Paranoia, manic behavior, disorientation, excitability.
- Physical: Frequent change of posture, pacing, easily startled, clenching fist, aggressive behavior.
- Verbal: Claims of past violent acts, loud forceful speech, arguing, making unwanted sexual comments, swearing, threatening to hurt others, refusing to cooperate or obey policies.

A person with any of the following could also be a potential threat:

- Psychiatric or neurological impairments.
- History of threats or violence.

² As noted, students and interns are not Intermountain employees. The phrase "workplace" is used generically and for ease of reference to refer to the facilities and areas where Intermountain employees, students, and interns might be present during an educational experience. Using this term does not imply or create an employment relationship.

- Loss of power or control.
- Strong anxiety or grief.
- Alcohol or substance abuse.

Responding to Situations that could become Violent

- Don't reject all demands outright.
- Don't make false statements of promise.
- Don't bargain, threaten, dare, or criticize.
- Don't act impatient.
- Don't make threatening movements.
- Do respect personal space.
- Do keep a relaxed but attentive posture.
- Do manage wait times.
- Do listen with care and concern.
- Do offer choices to provide a sense of control.
- Do avoid being alone.
- Do ask security or police to stand-by (an officer nearby can provide a quick response if needed, or may stop the misbehavior altogether.).

Preventing Workplace Violence

By simply avoiding situations that are potentially unsafe, students can decrease the occurrences of workplace violence.

ALWAYS

- Walk to cars in groups or call security for an escort.
- Have car keys ready before leaving the building.
- Check around, under and inside the car.
- Secure belongings.

NEVER

- Go in deserted departments or dark hallways.
- Share personal information with strangers.

When Prevention Does Not Work

Remember these important points:

- Remain calm.
- Secure personal safety.
- Call security and/or immediate supervisor/preceptor so they can follow up.
- Cooperate fully with security and law enforcement.
- Inform security and law enforcement of restraining orders.

Patient care areas

- Set limits and boundaries.
- Limit the number of visitors and define visiting hours.

- Define staff space versus visitor space.
- Contact security if someone is becoming worrisome.
- When confrontation is necessary, kindly ask the offending person to “please come talk with me out here”—then step out of the room to a more public place.

Reporting Workplace Violence

Report all workplace violence incidents no matter how insignificant they may seem. Record the event electronically via the web event system or call the compliance hot line, 801-442-4845.

Harassment-Free

Treating individuals with mutual respect is one of Intermountain Health’s core values. A key component of this value is ensuring that everyone is treated in a manner in which each individual’s unique talents and perspective are valued and providing an environment in which they feel safe.

Harassment also includes sexual harassment, which is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that create an intimidating, hostile or offensive environment.

Examples of harassment or inappropriate behavior may include:

- Oral or written communications that contain offensive name-calling, inappropriate sexual connotations, jokes, slurs, negative stereotyping, or threats including those that target individual groups based on age, disability, gender, national origin, ethnicity, race or color, religion, sexual orientation, or veteran status.
- Nonverbal conduct, such as staring or leering, giving inappropriate gifts.
- Physical conduct, such as assault or unwanted touching.
- Visual images, such as derogatory or offensive pictures, cartoons, drawings, or gestures.
- Comments or social media posts that insinuate, threaten or encourage violence or harm, are intimidating, belittling, hostile, harassing, racist, or disrespectful to others or have no place in constructive conversations.

How to Report Harassment

Call or email *AskHR*. Phone number is: 801-442-7547; email is: askhr@imail.org

AskHR will forward all issues to Employee Relations. Employee Relations is responsible for conducting a prompt, thorough and confidential investigation. All investigations surrounding incidents of harassment will be conducted confidentially to the extent reasonably possible. Only individuals with a “need to know” will have access to confidential communications resulting from the receipt and investigation of a complaint.